

PERSONAL PROTECTIVE EQUIPMENT CERTIFICATION OF TRAINING

Name of person trained: Clarke Delisle

Date: 6/7/2022

Physics Dept, PRIME Lab Rooms: ZOG

Classification:

- | | | |
|--|--|--|
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Full time Staff | <input type="checkbox"/> Visiting Faculty |
| <input checked="" type="checkbox"/> Graduate Student | <input type="checkbox"/> Part Time Staff | <input type="checkbox"/> Visiting Researcher |
| <input type="checkbox"/> Postdoctoral Researcher | <input type="checkbox"/> Faculty | <input type="checkbox"/> Other _____ |

Supervisor: Marc Caffee

Person Administering Training _____

PPE Requirements for the tasks below are per the hazard certification for the room where the work is done

Note HF training is done on a form for HF training

- | | |
|---|---|
| <input checked="" type="checkbox"/> Use of hazardous liquids and solids | <input type="checkbox"/> Machining, grinding, drilling, etc. |
| <input type="checkbox"/> Use of compressed gasses and sprays | <input type="checkbox"/> Welding, brazing, torch cutting |
| <input type="checkbox"/> Use of cryogenic liquids | <input type="checkbox"/> Working in loud environment |
| <input type="checkbox"/> Use of crane | <input type="checkbox"/> soldering and working with hot objects |
| <input type="checkbox"/> Use of knives or similar sharp instruments | <input type="checkbox"/> UV emitting instruments |
| <input type="checkbox"/> glassblowing | <input type="checkbox"/> Other _____ |

The trainee has demonstrated proficiency in the use of the following Personal Protective Equipment

Body Cover

- ☒ Apron
- ☒ Lab coat
- ☐ Coveralls
- ☐ Hard hats
- ☐ Other _____

Eye Protection

- ☐ Impact - Safety Glasses / Goggles
- ☒ Splash - Safety Glasses / Goggles
- ☒ Face Shield
- ☐ Glassblowing Glasses
- ☐ Welding Glasses / Helmet
- ☐ Laser Goggles
- ☐ Other _____

Hand Protection / gloves

- ☒ Chemical
- ☒ Heat
- ☐ Cryogenic
- ☐ Cut resistant
- ☐ Other _____

Other Protection

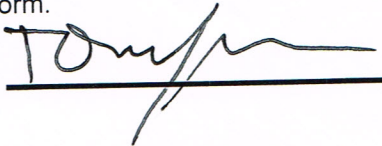
- ☐ Hearing protection
- ☐ Other _____
- ☐ Other _____

CERTIFICATE OF HAZARD ASSESSMENT REVIEW

- ☐ Review of Certificate of Hazard Assessment has been completed with trainee

CERTIFICATION: I certify training was conducted in accordance with the provisions of the Purdue University Personal Protective Equipment Policy and that each affected employee has received and understood the training provided. I also certify that I was trained in the use of the certification of hazard assessment and understand that it is my responsibility to follow the minimum requirements posted for each task that I perform.

Signed TRAINEE: 

Signed TRAINER: 

Signed SUPERVISOR: 